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Communications.

IMPURE MILK A SOURCE OF DISEASE.

BY T. D. CROTHERS, M. D.,
Of Albany, N. Y.

Milk, as an article of diet, is almost universally used. It is one of those nutrient substances which are subject to rapid changes of chemical and physiological principles, depending upon various causes, of which climate, water, food, and surroundings are most prominent. Recently it has been proved that milk may be the active agent or vehicle for the transmission of disease. The many cases reported during the last year give strong evidence that milk is an agent of far greater danger, and more widely diffused as a source of disease, than we are aware of.

The following case called my attention to this subject, and is presented not as peculiar and anomalous in any way, but one that can be readily confirmed by the experience of others.

Through January and February of this year I was called to prescribe for severe attacks of diarrhœa, occurring in a healthy family, well nourished, and living in good hygienic surroundings. This family had never suffered from this disease before, and it seemed more violent among the younger members than in those grown up.

The disease yielded readily to the usual treatment with evacuants and astringents, but returned as soon as the medicines were discontinued. A careful inquiry into the habits of this family indicated nothing unusual, except the free use of milk as an article of food. On Sunday, milk was made a prominent dish at dinner. It was noticed that the days following would be marked by an increase of the disease, unless checked by medicines. The milk was said to be pure, because it came from one cow kept in the neighborhood. With these hints, I made a visit to the stable, where I found a small, ill-conditioned animal, standing in a close, filthy stall, ill-ventilated, and containing hardly room enough to turn about. The food of this cow was garbage from the street, consisting of vegetables in all degrees of decomposition, cooked and raw, alternated with brewer's grains once per day. Water was given in the food, but occasionally a pail was brought in, depending on chance and circumstances. The stable was cleaned once or twice a week, and the doors were closed to keep in some hens. The walls of the building were brick, and the ventilation, or renewal of the air, must come from the open seams in the door and window. In this place, for over three months, this cow had been confined; her body was filthy, and the hair stood up in all directions. The amount of milk given varied from ten to eighteen quarts per day, and looked blue, although it tasted sweet. Here, the condition of the cow and surroundings, with the kind of food eaten, fully warranted the belief that the milk was impure and the cause of the diarrhœa. This diagnosis was confirmed by the complete disappearance of the disease when the family stopped using the milk.

No analysis of this milk was made, nor microscopical examination. But, on general principles, its fatty matters were deficient, with poverty of its normal constituents; and the microscope might have revealed animalculæ; bu-

with these facts the nature of the poison would still be uncertain. Dr. Chandler, of New York, failed to find any specific poison in milk known to be impure. Other chemists have failed in like manner, giving strong hints that the cause is more subtle, and beyond our present limited means of observation. In this case, the impure milk acted as an irritant, causing a low grade of inflammation, a certain forerunner to other lesions.

A significant case, conveying a similar hint of obscure cause traceable to bad milk, came under my observation. An old gentleman, previously well and strong, while convalescing from a severe attack of intermittent fever, was ordered to use milk freely, by his physician. Four days after he began to use milk as a medicine, he was attacked with exhaustive diarrhœa, resisting all medicines, and terminating fatally in six days. The diagnosis was obscure, but subsequently it was ascertained that the milk used came from a cow kept in a similar condition as the one we have described. The family of the owner of the cow, who used this milk, likewise suffered from diarrhœa, a striking confirmation of the probability that the impure milk of this cow was the cause of death. The later history showed that the diarrhœa disappeared when this cow was turned out in the yard, and given better food, and more cleanly surroundings.

Another case in the practice of a friend in this city is further corroborative. A middle aged man suffering from diabetes for three months, was placed on a milk treatment, consisting of large quantities of milk daily. Chronic diarrhœa came on the second week after the treatment began, and grew worse rapidly, terminating in enteritis, exhaustion and death, four weeks after. The milk came from swill-fed cows, in close, dirty stalls, ill-ventilated, unhealthy, and diseased, without question impure and poisonous; giving strong probability that the active cause of death in this case was the milk.

Careful observation will reveal many similar cases, whose causes are obscure or unknown.

The subject is comparatively new to the profession, and but little that is positive is known of the transmission of disease through the agency of milk or water.

What the primal forms of disease are, how they reproduce themselves, and in what way they are propagated, are questions yet unsolved.

A grouping of some of the facts which show that milk is a source of disease may be of interest, as evidence of what is yet to be learned in this field.

There are three ways in which impure milk may be a source of disease, namely, chemically, physiologically, and psychologically.

It is well known that the chemical elements of milk depend upon certain conditions and surroundings which are clearly traceable, and may be well understood. Of these, the age, vigor, and health of the cow, with the quality of food, water, exercise, and pure air, are prominent factors. A deficiency of any of these will be followed by change in the quality of the milk. This is illustrated in the care and attention of stock raisers, who, when they wish to produce a fine, well-developed animal, give particular attention to the food and water of the cow, allowing the calf to nurse direct, rather than be weaned and raised on inferior milk deprived of its fatty matters. It is well understood that all cows raised by the latter methods (artificially) are wanting in vigor, and give milk likewise deteriorated. Also there are many reasons for believing that milk from such cows is more susceptible to chemical and physiological changes, and more dangerous as a vehicle or source of disease.

The vigor and health of nursing children is in direct ratio to the quality and quantity of milk. The experience of every day indicates the perils which children are exposed to from this source, seen in both mother and nurse. Also it suggests, with startling significance, the increased danger when milk is used from cows.

Some remarkable experiments on this subject were conducted by M. Decaisne, of Paris, during the siege of 1871, and detailed in a paper before the Academy, of which a good abstract may be found in the *Half-Yearly Compendium* for January, 1872. He sought to show the influence of insufficient food on womens' milk. Prefacing his paper with observations of Dumas, Payen, and Boussingault, in which were shown the fact that a cow gave healthy milk in exact proportion to the surplus of food beyond what was necessary for its own maintenance. If the animal was kept upon food barely sufficient for proper nourishment, the milk produced must be at a loss of animal tissue, with general deterioration of the milk and also of the cow. Milk formed at an expense of the nutrients and tissues of the body, has less caseine, butter, sugar,

and salts, while the albumen will be increased. It follows that the value of milk must depend upon the excess of food beyond what is required by nature to keep up the normal vigor of the body.

The author proceeds to show that nearly an analogous condition exists in women, which he demonstrated by experiment during the siege of 1871, in forty-three cases of nursing women.

These cases were in private families, and suffered from want and insufficient nourishment. Some of the results of his observations are stated thus: 1. Insufficient food always produces a diminution in the normal quality of the milk, also a variation of its chemical constituents; such as an increase of albumen and diminution of *caseine*, *butter* and sugar. The proportion of albumen, in such cases, is generally in inverse ratio to that of the caseine.

2. The health of the mother declined with this variation in the quality of milk, depending upon age, hygienic conditions, constitutional vigor, etc., until the milk became minimum in quality and quantity. Also that these effects are seen in four or five days from the time of using an insufficient diet.

These experiments indicate that a similar imperfect condition of health and surroundings, in both animals and human beings, destroys the normal quality of the milk, and also encourages and predisposes to organic lesions.

PHYSIOLOGICALLY,

milk may be normal in quality, yet possess the poisonous matter. Several striking instances have been noticed in Ohio and Indiana, where epidemics called "milk sickness" prevailed.

This disease was extremely fatal to men and animals.

In animals it was characterized by tremblings and fever, followed by congestion and death. In man the premonitory symptoms were obscure for some time, then a violent and intense fever came on, particularly among those who had used freely the milk from these cows. Where the animals were not attacked no cases occurred in man. These epidemics appeared in malarious regions almost exclusively, and when it ceased to exist among animals, likewise died out among men. The source of the disease was from the milk of these cows, but the ultimate cause was never clearly made out.

The instances of typhoid fever germs being communicated through milk have been so recently discussed in medical literature that they are familiar to the profession generally. A mention of two most prominent examples will aid in a better understanding of this subject. An epidemic of typhoid fever which occurred near Glasgow, Scotland, in 1872 and '73, indicated the prevalence of this fever in thirty-two out of thirty-nine families which were supplied with milk from one dairyman. Families supplied by other milkmen were singularly exempt. A milk census revealed that a large per cent. of the families supplied by this man were attacked at different times of the year with this fever. The family of the dairyman were also attacked, particularly those who had used the largest amount of milk. How the milk became the agent for propagating fever germs is not mentioned, but evidently through adulteration with water.

Another case in the healthiest suburban section of London, which occurred last year, places the whole subject beyond all question. Five hundred cases of typhoid fever were found distributed in one hundred and four families, ninety-six of which were supplied with milk from one dairy. The contagion was traced directly to the water used for washing the cans and retained in the milk; the water being previously polluted by sewer drainage. The details of these cases are before the profession, and have suggested the inquiry whether other diseases, as well as typhoid fever, may not be transmitted in this way.

It has been asserted that drinking water polluted with fever germs, taken up by the cow, will pass off in the milk, producing fever, etc. Also, that cheese and butter made from dangerous or impure milk will likewise transmit poison germs. Cases marked by violent cramping and purging have been traced to the milk used, which was found to contain animalculæ, supposed to be taken up in the drinking water, and developed in the system. Dr. Brown, of Gault, Ontario, reports two very striking cases of this kind.* Vogel, years ago, showed that vibriones in human milk arose from a condition of malnutrition. Dr. Gibbs found two genera of animalculæ present in milk, where the health of the mother was disordered by prolonged lactation. Other authorities have shown that milk may contain animalculæ as well as poisonous germs equally dangerous.

* Canada *Lancet*, August, 1872. *Half-Yearly Compendium*, January, 1873.

In Herkimer county, in this State, a large dairyman, who kept his cows confined in a filthy stable during the spring, suffered annually (with other members of his family), from a low type of continued fever. The families of two workmen who used this milk also suffered. The milk from these cows was charged with a pungent fecal odor, which the workmen sought to destroy by chemical means. For several years this condition existed, and the cause was supposed to be malaria. Four persons out of three families died, and those who had used the milk freely suffered largest. The physician used milk as a nutrient and medicine, in all these cases, but no relief followed until the cows were turned out to the fields. Last year a thorough cleaning and ventilation of the stables took place, and was continued daily, resulting in a disappearance of this fever, for the first time in five years. Here the fecal gases of the foul stables impregnated the milk and was the active cause of fever. Observation will show that these cases are common, and are seldom recognized. Every farming community, where milk cows are kept in stables, will furnish examples of different and mixed forms of fevers, which take their origin in this way.

These cases might be multiplied almost indefinitely, in single instances, and in local epidemics, but for our present purpose may be all summed up in one head, namely:—That milk physiologically may hold in suspension and transmit typhoid fever, and malarious germs, animalculæ, and poisonous fecal gases, all of which can be determined beyond doubt.

There is another source of disease, less frequent and more obscure, which I shall term

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because it affects the nervous system and its functions.

The milk contains some element, produced by the violent emotions of the mind, that is directly poisonous; a familiar illustration is that of milk, when the mother is violently agitated, causing convulsions and death in the child. The text-books give particular caution and stress on this point, yet an hour after, when the emotions have subsided, the peril seems to have passed away. We are yet ignorant of the nature of this poison, which seems to have such a peculiar action on the nervous function. At a late clinic at the Albany Hospital a case was presented of a child six years old, suffering from epilepsy. The history indicated that the child was in health up to a certain time, when the mother, laboring under intense excitement, put the child to her breast; soon after the convulsions came on, which developed into a full case of epilepsy. A case of chorea, now under my care, can be traced back to nursing the child when the mother was violently excited. Other cases have been noted, of feeble and broken down nervous systems in children, which were referred back to this same cause, with great probability of correctness.

We are more or less familiar with the profound and often fatal disturbances produced on the system of nursing children by the pregnancy of the mother.

Cases have been reported where nursing children have been seized with convulsions and death, proceeding from the difficult and painful menstruation of the mother. The influence in both of these conditions is physiological as well as psychological.

The same disturbing influence or elements, although less marked, may be seen in cows, and the milk possesses the same abnormal conditions.

A gentleman of this city was advised to secure the milk of a young blooded cow for his infant child. A cow whose first calf was running by her side was purchased, and the calf taken away; and his servant was ordered to milk her, bringing the milk direct to his house. Two months later this child, who was previously healthy, was broken out over the body with a strange undefinable rash, which finally developed into pustules, called by the physician scrofula. Following this came a fever which seemed to affect the brain and nervous system. In the meantime the bowels suffered from intestinal irritation, alternately constipated and relaxed. Various consultations were held by the family physician, and extensive medication followed. The result was that this child, for the year or more while using this milk, was under the constant care of physicians. And, after the second year, had a weak, broken-down nervous system, with frequent pustular eruptions over the body. This was the more remarkable as no other children of this family of five were afflicted in this way, and both parents were healthy.

Subsequently it was ascertained that this cow was driven into a close stall, and whipped into subjection to allow the milking to go on; and

for the entire season this process was one of force and more or less brutality. Under these circumstances the milk was made poisonous by the nervous condition of the cow. This inference seems to be borne out by the history of the case, and confirmed by the fact that other children of the same family, brought up on milk from one cow, furnished by a dairyman, were healthy and strong.

A similar instance came under my observation, of a farmer, who, by the advice of his physician, procured the milk of an intractable cow, who had, from vicious habits, been considered unfit for the dairy. This cow, being of the Alderney blood, was thought to give richer milk. The milking was attended with much excitement, and the child to whom the milk was given suffered from gastro-intestinal irritation, and what was called scrofulous ulcers, during all the time of using the milk. Two years later this child was presented at the Albany hospital clinic with symptoms of chorea, a weak, nervous system, and low tone of physical vigor—an exception to the other children of the same family.

An illustration, more obscure, but pointing to the same cause, was noticed in this city three years ago. A highly respected milkman, with a large class of customers, sold out his business, with cows, to a brutal, intemperate man, who continued the business as before. From some chronic disease he was unable to leave the farm, hence he gave his time to the milking process. Being inhuman and intemperate he beat the cows, often with cruelty. The customers diminished, and complained that the milk was adulterated with some substance which acted on the bowels. At one time a large number were attacked with diarrhœa and cramps; and many bitter complaints were made. Later the property changed hands, and these troubles disappeared. No complaints of the milk had been made before or after this man engaged in or gave up the business, and it was asserted by a workman who remained during this time that the milk was treated in the same way, and not adulterated, leaving a very plausible inference that the excitement among the cows at the time of milking was the cause of the bad condition of the milk.

These instances seem to indicate that the quality of milk may be chemically and physiologically normal, and yet be poisonous to a large degree, psychologically propagating functional and organic changes of the nervous system as dangerous and positive in their effects as the germs of typhoid fever through the same source.

Practically, this subject resolves itself into the following conclusions, which should be prominent in the diagnosis of obscure diseases:—1. Milk coming from ill-nourished, half-fed cows, having no surplus of food beyond the minimum requirements of nature, is injurious, and may be the source of disease. 2. Cows deprived of abundance of good water, ventilation and exercise, secrete impure and dangerous milk, which may be loaded with gases, animalculæ and fever germs. 3. The milk from old, debilitated cows, fed on grains or over-stimulating food, is also imperfect and unhealthy to a variable degree. 4. The nervous condition of the cow at the time of milking determines the purity of the milk. If this is neglected the milk is an active source of disease, positively dangerous and fatal. 5. Milk adulterated with water is always liable to contain poisonous elements, particularly so in the spring of the year, when all spring and well water is more or less contaminated with surface drainage. This is the most common adulteration, and probably the most dangerous. 6. Experience has shown that the milk of one cow, unless the exact circumstances and conditions are known, is not superior to the aggregate milk of the whole dairy. 7. Facts show that milk is the prolific source of many diseases now obscure, and unless careful inquiry is made into the condition and surroundings from which we receive our supply, we neglect a sanitary measure of great importance.

TREATMENT OF INVERTED TOE-NAILS.

BY DR. W. HUKILL,

Of West Liberty, Ohio County, West Virginia.

Every practitioner, probably, is acquainted with this affection. Every one knows, also, that the various plans of treatment generally pursued are very unsatisfactory. Removal of the nail, or a part of it, is now generally considered the only certain remedy. This procedure is, to say the least, barbarous. The purpose of this article, however, is not to discuss the accepted modes of treatment, but to recommend a mode of treatment that has been employed by the writer for about four years, which has been highly satisfactory. It is, simply, to apply the muriated tincture of iron to the nail and the surrounding ulcerated and granulated surface, once or twice a day, with a camel's hair pencil. As a general rule, to apply it once a day, at bed-time,

will be sufficient. The ulcerated surface heals with astonishing rapidity, and the nail assumes its normal appearance, making a complete cure in most cases in a few weeks. Since I commenced using this remedy, I have done nothing else in such cases. Paring and cutting the corners of the nail usually does more harm than good. I need not attempt to speak of the modus operandi of the remedy, the object being, merely, to recommend a trial of it to others.

Medical Societies.

NEW YORK ACADEMY OF MEDICINE, STATED MEETING, June 4th, 1874.

DR. AUSTIN FLINT, PRESIDENT.

The Modern Methods of Treating Fractures. What have they Accomplished?

By Dr. Frank A. Hamilton.

Before passing to the consideration of his subject, Dr. Hamilton said that in the treatment of fractures it is specially important to the surgeon to know what he can expect as a satisfactory result. An erroneous impression did exist, and does now exist. Malgaigne said, many years ago, that the public did not understand the average result of success. Thirty years ago there was scarcely a surgeon in this State who had not been prosecuted by patients for the treatment of fractures. In no other disease excepting dislocation is, or was, the surgeon liable to this money indemnity. If he operated on a case of hernia, and the patient died, there was the end of it, but in fractured limbs, instead of the patient paying the doctor, it was frequently the reverse. Dr. Hamilton at that time collected a large number of cases—over 400—from the hospitals of the large cities, and issued a brochure, and he was happy to state that since that time prosecutions became less common, till they nearly ceased to occur. Many a surgeon of ability was driven from practice from the fear of actions in the courts. The Dr. then proceeded to consider the paper of the evening.

At the present time there is a tendency, as there was thirty years ago, to estimate the results obtained. It is now claimed that plaster of Paris, in fracture of the femur, will yield results that have never been obtained before. This method is not specially new, though it has been re-introduced within the past few years.

Henriques, in 1814, used the plaster in the form of moulds. In 1852 it was revived in Holland, much the same as it is to-day at Bellevue Hospital. In 1854, Pirogoff announced his conversion to the use of plaster, but he used it in strips laid parallel to the limb. Other surgeons on the continent followed in the views of Pirogoff, but for all, it did not become popular.

In 1834, the starch bandage as an immovable dressing came into use at Brussels. This was, in its manner of appliance, exactly the same as the plaster bandage of to-day, with the use of starch instead of plaster of Paris to stiffen the muslin. In eight or ten years this plan became very general. Those who are here to-night, and are of the old generation, will recollect its use in the New York Hospital a quarter of a century ago, but it fell into disuse, and I think mainly from the bad results which occurred in its use. But we have now, with the younger generation of surgeons, those who, ignorant of the experience of the starch bandage then, claim results from the plaster better than were obtained then. I ask, in what respect can plaster have any special advantage over the other? They are both immovable dressings. I wish to criticise three papers which have emanated from Bellevue within the past few years in respect to the results that have been obtained in fracture of the femur. One is by Dr. S. B. St. John, formerly House Surgeon; one by Dr. Bryant, also a former House Surgeon, and one by Dr. H. B. Sands, Visiting Surgeon.

Dr. St. John claims, in his paper, to have obtained 25 per cent. of perfect results in this fracture. Dr. Bryant reports twenty-three cases, and gives thirteen, or over 50 per cent., as being perfect.

Dr. Sands also gives a high degree of success. There is one thing to be regretted, and that is, that we have no means of knowing how many of these cases, if any, have done duty twice in the reports, there being no possibility of tracing them back to the records. I have myself followed up the matter, and find that in twenty cases of fracture of the femur, one case was perfect, two cases in which there is three-eighths of an inch of shortening, and in the remainder the deformity was greater.

If the results are correct that have been obtained by Drs. St. John, Bryant, and Sands, all who do not get their averages of success are culpable, and it is a thing upon which we should be well and correctly informed.

It is the custom, in cases of fracture of the femur, when done up in plaster, to allow the patient out of bed within eight or ten days. I am of opinion that this increases the liability to imperfect and bad results, and believe we can do better for the patients by keeping up extension by means of Buck's extension or some modification of it.

Dr. Gurdon H. Buck, in response to an invitation for expression of opinion, said that however excellent plaster might be for an immovable dressing, it had never occurred to him to be indicated in fracture of the femur, where it is exceedingly important from time to time to examine the process of repair and see how it is getting on.

NEW YORK PATHOLOGICAL SOCIETY, STATED MEETING, May 27th, 1874.

DR. HERMAN KNAPP, PRESIDENT.

Suspected Dermoid Cyst of the Tongue—Only Recorded Case of the Kind.

Dr. Ward presented a specimen for a candidate, with the following history:—

On December 31st, 1873, Mrs. X., aged 34, and married, was first seen by her physician. She was of an exceedingly nervous organization, and did not suppose she was pregnant. By conjoined manipulation the uterus was found to be as large as it should be from a pregnancy in the fifth month. During February was seen again, but no other signs of pregnancy could be discovered than an increase in the size of the abdomen. To the hand it conveyed the impression of fluid, and no signs of the fœtal heart could be discovered by means of the stethoscope. May 7th, was taken with labor pains, and on examination it was found that the breech presented. The child was born without difficulty, and gave one or two gasps, then died. When the finger was carried into the mouth, it was found to meet an obstruction about the posterior portion of the palate. Dr. Jacobi had closely examined the case, and was of the opinion that this obstruction consisted of a dermoid cyst, but inasmuch as no dissection had so far been made, it was impossible to give a decided opinion. The case was referred to the microscopical section for examination. An examination of the fœtus showed the tongue to be covered with hair, and at the base of the tumor the tip of a second tongue was present, which gave rise at first to the impression that in utero the fœtus had bitten off the tip, which had fallen back and become attached to the tumor. If Dr. Jacobi's view is right, in considering it a dermoid cyst, it is the only one on record.

Abscess Connected with the Cæcum Simulating Inguinal Hernia

Dr. A. B. Crosby presented a specimen from a lady, sixty-five years of age, who had been complaining for the past twenty years, and for the past eighteen years has had dysentery. Last February complained of pain in right hip, with a sensation of burning. During April a tumor appeared above Poupart's ligament, which gave an impulse to the finger on coughing. The muscles of the thigh were rigid. The opinion then held was that it was hernia. May 11th the tumor opened and discharged pus and fecal matter through the opening. It appeared then that the cæcum had ruptured and was discharging its contents through this opening. An examination of the specimen showed a perforating ulcer of the cæcum, which had allowed the contents of the gut to pass between the two layers of the meso-cæcum, and find their way down to the inguinal region. The peritoneum had not been interfered with. When the finger was pressed on the abscess before it broke, the pus receded, and in this manner gave rise to the impression that we were dealing with a reducible hernia.

Pyo-Nephrosis.

Dr. Loomis presented the kidney from the patient reported on at last meeting. Fifty-two hours after the operation the patient died, from what was apparently peritonitis. The operation took place on May 12th, and on May 13th the temperature was 101½; pulse 104; respiration 28. He coughed and complained of pain in the abdomen, with tympanitis. Respirations thoracic. Pus discharged freely from the wound. Countenance anxious. Next morning temperature 100½; respirations 32.

Autopsy.—Lungs congested, with a small section of hepatized tissue. Abdomen—tumor in the lumbar region, measuring nine and a half inches in length by six in width, and three in depth. This tumor was made up of kidney tissue, and contained three sacs. The ureter was dilated sufficiently large to introduce the index finger, and was occluded about an inch above the bladder. The epididymus on either side contained a sac which was filled with pus. Some discussion took place as to the cause of the pyo-nephrosis. It was first supposed to be due to renal calculus, but from the fact that both epididymes were affected, it was suggested that it possibly may have had its origin in a gonorrhœa not recorded in the history. An instrument was passed at the post-mortem, and no stricture could be discovered.

Tumor of Breast.

Dr. Janeway presented a tumor of the breast removed from a girl fifteen years of age. It was not malignant.

Uterine Tumor and Malignant Disease of Omentum.

Dr. Briddon gave the history of a lady who had a uterine tumor, and eventually developed ascites. At the post-mortem it was found that the omentum was the seat of malignant disease, which manifested itself during life in the form of a tumor, situated in the region of the umbilicus.

CASS COUNTY (IND.) MEDICAL SOCIETY.

The society met in the circuit court room, in Logansport, June 24, 1874, the president, Dr. J. A. Adrain, in the chair.

Dr. J. C. Neal, of the Grant County Society, upon invitation, read a paper on "Thermometry in Disease," which was illustrated by a chart and tracings showing the variations of temperature in numerous diseases. The paper revealed the fact that Dr. Neal is a close student and a painstaking worker in a scientific field.

The paper was discussed at considerable length by Drs. W. H. Bell, J. M. Justice, A. Coleman, and J. Hallinan. A vote of thanks was tendered Dr. Neal for his paper.

The second annual election of officers was then had, which resulted as follows: President, Asa Coleman; Vice-president, Reuel Faber; Secretary, I. B. Washburn; Treasurer, J. M. Justice; Censors, W. H. Bell, J. A. Adrain, and James Thomas.

The society was organized June 25th, 1873. Its roll contains eighteen names, and its members are alive to the interests of the profession in this northern part of Indiana.

I. B. WASHBURN, M. D., *Secretary.*

EDITORIAL DEPARTMENT.

PERISCOPE.

The Therapeutic Uses of Aconite.

This was the topic of a paper recently read before the Medical Society of London, by Dr. Brunton. He showed that the only aconite that could be relied upon was the *Aconitum napellus*, which had been selected by Baron Antonius Störck as the true drug, "eam a reliquis separare quæ vera est." Dr. Brunton said that aconite, as used in practice, had fallen into an undeserved oblivion, and he quoted from Dr. Garrod's Materia Medica: "it (aconite) is at the present time not very often employed, or only by a very limited number of practitioners" (p.163). After detailing the history of aconite and its preparations, he said that the best and least dangerous was the tincture of the British Pharmacopœia. He brought forward this paper as an expansion of one of Dr. Fothergill's corollaries from his paper, recently read to the Society, on the "Depressants of the Circulation." He (Dr. B.) showed briefly the action of aconite in poisonous and in medical doses, that it acted as a powerful depressant and sedative to the heart and circulation, and that when death occurs it is frequently as in hemorrhage. He quoted Dr. Fleming, who stated that patients who had taken too large a dose, but recovered, felt as if dying from excessive loss of blood. Upon this power of the drug was founded the therapeutic value. When administered in medicinal doses, the general result was similar to blood-letting, but in a somewhat different way. Blood-letting weakens the force of the heart by diminishing pressure on the vessels, while aconite diminishes pressure on the vessels by weakening the force of the heart. The action of aconite was —1. To lower the heart's action; 2. To lower the lung's action; 3. To lower the temperature of the body; 4. To produce free transpiration; 5. To produce sleep; 6. To starve a too vascular area. In short, aconite was our best substitute for general and local blood-letting; that it was our best agent just in those cases where formerly the lancet or leeches would have been used. He also showed that the power which had been assigned to this drug by Störck (in 1761), and which had since been denied, was quite correct, *i. e.*, its deobstruent power, and in support he quoted a few of many cases he had in practice, in which sole reliance was put on aconite for cure of enlarged glands, cervical, mammary, tonsillar, chronic hepatic enlargement, etc., and with complete satisfaction in result. He had notes of cases of acute disease where aconite was used, such as pulmonary congestion, catarrhal fever, pneumonia in its early stage, laryngitis, bronchial catarrh, acute nephritis, acute general eczema, and the like; he also detailed his observations on the temperature of the body during the action of aconite, and showed how rapidly and steadily it was lowered. Details were given of local inflammation, as orchitis and inflammation of the knee-joint, treated by aconite. Its use in the early stage of eruptive fevers was mentioned, and he found it cut short attacks of parotitis, and was decidedly most beneficial in acute ophthalmia. After detailing many illustrative cases, notes of which were taken during the past five years, and calling the Society's attention to the mode of administering aconite, viz., in small and often repeated doses, from one minim to a quarter of a minim every fifteen minutes for the first hour, or two hours, according as the circumstances of the case might demand, and one minim every hour after, the action of the drug thereby was kept up without producing poisonous symptoms. Of course, the aconite was to be omitted as soon as it had done its duty, and other suitable treatment adopted. He gave the following as his conclusions, after a very extensive use of the drug in private practice, extending over a period of fully five years:—1. The best preparation is the British tincture; 2. It is best administered in oft-repeated small doses; it is nearly tasteless; 3. Its use can be continued for weeks, as it is not cumulative; 4. It is our best antiphlogistic drug; 5. It is diaphoretic and diuretic "nec æger nec sudore debilitatus est;" 6. If it does not remove the products of inflammation, when these are formed, by its control it prevents their formation, and so saves the tissue from further injury, and prevents tissue change; 7. It is most decidedly deobstruent; 8. It has the advantage that it does not leave that excessive weakness which follows ordinarily the diaphoresis produced by other drugs, such as antimony: "Sub fine tamen æger copiosissimo sudore maduit, vires inde diminutæ non sunt;" "appetitus bonus est et vires integræ; "quo sæpius aconitum ægris exhibeo, eo majorem semper in hac planta virtutem et efficaciam admiror."

The Treatment of Corns and Bunions.

In a lecture reported in the *Medical Press and Circular*, Mr. Ormsby, F. R. C. S., said on this subject:—

The treatment of these two affections agrees very much in at once removing the tight boots and undue pressure, and soft pliable leather shoes recommended, applying simple cold-water dressings to the painful bunion; in the inflammatory stage, if suppuration occurs in its cavity, it should be cut into by early incision. To prevent undue pressure various methods have been suggested from time to time; a round piece of leather or condensed piece of wool having an adhesive side next the skin, and a round hole

cut out of its centre to receive the corn or bunion, and this then applied round the periphery of the swelling; this, no doubt, is a very useful plan, but act, as it may do, most efficaciously for a time, it is only palliative, and does not effect a permanent cure. The topical application of nitrate of silver produces a hardened black portion of epidermis over its summit; this, after a time, gets detached, and you can peel it off, and when this is removed touch it again with the nitrate of silver, and so on until all traces of the callosity disappear. I have over and over again tried this plan, and it has seldom failed in my hands, but it must be persisted in. Chiropodists, a class of people who think themselves very clever, profess to take a "corn out by the roots," a most unscientific observation, to say the least of it, and in reality all they do is, by a patient and gentle paring process, remove a great part of the thickened cuticle, and recommend a well-fitting boot, and simply by removing the cause it often effects a cure. You must also bear in mind that a very loose boot is nearly as bad as a very tight one. Glacial acetic acid is also recommended to be applied after the callosity has been well softened by keeping the feet in warm water for a short time. When the callosity occurs in the sole of the foot and a circumscribed enlargement is seen, if directions are given to a bootmaker, he can make an allowance in the sole and form a slight depression, so as to prevent undue pressure to the foot; in fact, boots of any dimensions and shape can be made by an intelligent bootmaker to suit any deformity occurring in the toes or feet. Well-made boots prevent much annoyance and deformity, while badly-made and ill adapted boots are a very frequent cause of deformity, corns, bunions, limping, etc. Another distortion often seen is what is called *Hammer-Toe;* it is caused generally by wearing boots of insufficient length, and the toes are bent up and considerably flexed to accommodate themselves to their cramped position; after a time the flexor tendons become permanently contracted, and the toes assume a form not unlike the appearance of a hammer, hence the name; the great, second, and last toes are most often affected.

Treatment.—To recommend longer boots, and allow the toes space to travel forward. Tenotomy of the contracted flexor tendons may be resorted to, and a spring-pad attached to a sole of leather or other light material, and the toes bent forcibly down and bandaged to this sole, which may have slits in it corresponding to the interdigital spaces, which facilitate the bandage passing between the toes and keep them permanently extended.

The Adulterations of Coffee.

In a lecture delivered in London, Mr. James Bell remarked on this subject:—

The adulteration of coffee had given rise to much discussion. It was only when roasted and ground that it could be adulterated successfully. A simple way to detect adulteration in coffee was to place some in water in a test-tube, and in five minutes its presence would be detected. If infusions of equal quantities of chicory and coffee were placed in tubes, the color of the chicory infusion would be twice as deep as of the coffee infusion. By the aid of the microscope, the presence of chicory could be ascertained, and by the density of its infusion the quantity was known. Even five per cent. of adulterating matter in coffee could be detected. The husk of the coffee berry was removed, and it was the bean only that was brought into this country. Inside the husk was the parchment, and inside that the skin which enveloped the bean. A portion of skin came with the bean, because more or less of it was contained in the folds of coffee-bean. The various tissues of the coffee-bean were then described by Mr. Bell; who afterwards said that the law allowed chicory or any vegetable substance to be substituted either for coffee or chicory, provided that a duty had been paid upon the article, so that any person was at liberty to prepare any article as an adulterant, provided he paid a duty upon it. If vegetable matter were used, it must be grown in the United Kingdom. Coffee was so peculiar in its vegetable structure, however, that there was no difficulty in detecting seeds used as adulterants, or in identifying the seeds. Locust-beans had also been found in coffee, to the extent of thirty per cent. Rye had also been used to adulterate coffee; and when roasted and ground, there were always some starch-granules remaining. Its presence could be detected both by the granules, and by the character of its husks. Venetian red had been used to color both chicory and coffee, and black mustard for chicory.

An Unusual Form of Lepra.

Dr. J. L. Milton, in an article in the New York *Medical Journal*, February, 1874, says:—

I am not aware that the form of disease now to be described has been mentioned by any other author. The demands on my time have not allowed me to make any particular search to determine this point. I therefore limit myself expressly to saying that I am not familiar with any description of it, and that I have only seen four cases, but two of which occurred in my own practice.

The first case I saw in 1867. The patient was a powerfully built, healthy looking countryman, who was under the care of another practitioner. On the right leg, extending from the tibia around the outer side to the back, and from a little above the beginning of the calf to about two inches below this part, was a large patch, very irregular in outline, and seemingly composed of several almost circular patches, which, in the progress of growth, had become fixed together. Except in respect to color, the surface of it strongly resembled the organization of the lichens seen on old stone-walls. The hue was, however, widely different, being

more like that of the yellow milk-mushroom (*Lactarius theiogalas*) than anything else I know, a hue composed of yellow and brown, which I find it difficult to describe in words. The patches were elevated about a line and a half or two lines above the surface, and rough to the feel. I learned from him that the part was at times covered with scales, but there were none on it when I examined the patient, whom, however, I only saw twice. Syphilis had been suspected as the cause, and he had been put through a course of treatment for this disease, but I could not satisfy myself that there was really any history of syphilis, and the treatment seemed to have had no effect whatever.

The next case was that of James F., aged forty-six, also a very strongly built man, but pale, and of a saturnine expression of countenance, who came under my care, May 8, 1868, with apparently the same disease; the appearances being as follows: On the left leg there were several patches just below the knee, varying in size from that of a split pea to that of a halfpenny, and there were three on the front part of the ankle. On the right leg there were three on the front and middle part of the tibia. These spots were distinctly raised a slight distance above the level of the skin. On some of the patches there were scales; others were free from them. The latter were of a pale pink color, with a sharply-defined outline, but the edge being as much raised above the level of the skin as any other part. They were, as near as I could estimate, about two lines in thickness. All the patches which I felt were hard and resisting. The scales, on those parts which bore them, were white, thinner and smaller than those of lepra, but thicker and larger than those seen in pityriasis. They were secreted in great abundance. The patient told me he was in perfect health, but during the time he was under my care he often complained of diarrhœa, indigestion, and symptoms pointing to congestion of the liver. No other member of his family had, so far as I could learn from the patient himself, suffered from any disease of the skin. There was no history of syphilis, and no reason to suspect any.

I tried everything I could think of to remove the disease, but with very limited success. Among the remedies employed were a course of biniodide of mercury, with frictions of yellow nitrate of mercury ointment over the parts affected; caustic soda externally; a course of bichloride of mercury, and one of small doses of calomel; iodide of potassium, first alone, and then with liquor potassæ, aided by frictions of nitric oxide of mercury ointment; iron singly, and combined with arsenic; arsenic continued for months, accompanied toward the close of the course by vapor baths. The patches gradually shrank, some of them to about half of their old circumference, and most of them grew much thinner; one or two of them became at times eczematous; but not one of them had entirely disappeared when, at the beginning of the present year, the patient gave up treatment. He had not always given it a fair chance, but judging from the very slight effect produced by any of the remedies, it is doubtful if the most persevering and heroic use of them would have really influenced the issue of the case.

I did not meet with another instance of the disease till 1871, when a girl suffering in this way came under my care. She was about seventeen years of age. The disease had invaded the front part of both legs, extending from below the knee almost to the ankle. She presented, in her face and the upper part of her person, a strong contrast to the other patients, her features being so delicate as to be almost childlike, the hue of her skin fair and pale; but, strange to say, the legs below the knee were of extraordinary size, the calf being quite as thick as in a strongly-made man, and the foot, though small, of unusual thickness and very fleshy. On the upper part the patches had taken on much the same appearance as in the preceding case; that is to say, they looked like immense pink warts, raised perhaps a couple of lines above the skin, partly covered with scales, as in ordinary lepra. On the lower part of the limbs, where they were in process of formation, the spots showed like small, white-pointed warts. When the hand was passed over them, they communicated the feel of so many minute horns being touched. They were as hard as corns or human nails. When removed the skin beneath was red, smooth, and polished, as if a scale of lepra, or crust of very dry eczema, had been stripped off. The growths were quite white. I did not see the patient very frequently, but, as far as I could make out, these little spots seemed to spread and run together till they formed patches.

Arsenic was prescribed and carried to as great an extent as could be borne, but the patient's occupation did not allow her to take her medicine with any great regularity, to pay proper attention to her diet, or to make any use of baths. Still she made considerable progress toward a cure, possibly owing to her having the great advantage of youth on her side; the scales fell, and the patches grew flatter and thinner. About this time, however, she began to attend very irregularly—her work, according to her account, preventing her from doing as she wished—and then ceased coming altogether.

The fourth case was one exhibited by Dr. William Stuart, at the Harveian Society, May 2, 1872. The patient was a young man, thin, and with but little muscular development. The disease consisted principally of one large patch, about ten inches long and two wide, seated over the popliteal space of the right leg. There were also here and there small isolated patches, and one about an inch in diameter was observed over one trochanter. The spots were of a port wine color, were surrounded by a lichenous eruption, and were at times covered with scales thinner and smaller than those of ordinary lepra. The disease had existed two years, and was supposed to be of syphilitic origin, but, if so, the appearances in question are, I believe, not spoken of by any

author on syphilis. The patient had been treated with tartrate of iron and bichloride of mercury, a mild mercurial ointment being applied externally. Under this treatment the lichenous eruption had disappeared; the lepra, however, remained unaffected. No other member of the patient's family had suffered in the same way.

Dr. Stuart stated that he had seen but one case of the kind before, and that was at St. Louis, twenty years previously. In this instance the disease consisted of isolated elevated patches or tubercles, of the size and appearance of split pickled walnuts, seated on the outer sides of both thighs. Dr. Stuart could get no history of the case.

The Use of the Electro-Magnetic Current in Labor.

In the Edinburgh *Medical Journal* Dr. McRae gives the following cases:—

Mrs. A., multipara, began to feel parturient pains on the evening of 20th August, 1872. She was at full time. I saw her about 1.30 A. M. on the morning following; on examination, I found the os about the size of a shilling. The head could be felt very far up. During the morning the pains increased in severity and force, the os slowly dilated, but the head did not descend. By ten o'clock, however, the head came into the brim; but though the pains continued strong, it did not engage in it, but retreated immediately on the cessation of the pain. At ten o'clock A. M. she insisted upon having chloroform, having always been delivered under it before. Under the chloroform, I got the os completely dilated, and used Ziegler's forceps, but could not get them to engage the head, which, though pressure was kept up externally by the attendant, still continued to retreat on the cessation of pains. At the end of an hour the pains ceased. I now left off for some time. At twelve I applied the electro-magnetic current, placed the negative pole on the abdomen, and the positive on the perineum. A strong pain was induced, but was scarcely felt by the patient. The uterus, however, contracted, and the head again came down on the brim. I continued the current for about one and a half hours, and intermitted now and again, so as to simulate the natural pains. When the current was interrupted, no pains occurred; when it was applied, pains came. The longer the current was used, the stronger became the pains, and the more strongly did the uterus contract. By keeping up pressure externally when the current was intermitted, the head was got to engage in the brim; but for some reason then unknown, but suspected, the head would not come down. After a prolonged trial of the current, both with and without chloroform, I deemed it advisable to adopt some other method. Accordingly, I again applied the forceps. The head had to be pushed back to admit them, but I could not get a hold sufficiently firm to warrant their use. As there was no danger to fear at this stage, the head not pressing unduly upon any important part, I thought it better to leave off, at least for a time. And after she had somewhat recovered from the effects of the chloroform, I administered twenty drops of chlorodyne. This, however, was succeeded not by sleep, but by severe uterine pains; the head engaged in the brim, passed into the hollow of the sacrum, and the labor was completed by the forceps in fifteen minutes after the chlorodyne had been administered. The cause of the delay was now ascertained. The child was at full period and of average size. The cord measured 12½ inches from umbilicus to placenta, and was also engaged round the child's neck. This condition of things had given rise to the great tendency to retraction of the head, had also prevented the head engaging in the brim, and until the placenta had become detached, or the uterus had become somewhat inverted, had been the chief factor in delaying the labor. It was also the cause of considerable difficulty in getting the shoulders into the world. I found the placenta detached, and removed by slight traction. It presented no features of irregularity.

I do not wish to digress from the idea of this paper, and remark upon the short cord, and its relation to the neck, as a cause of delay in the labor, but I bring the case forward to prove a proposition that I communicated some months ago, that the electro-magnetic current induces, invigorates, and intensifies uterine pains, a doctrine that has been denied in obstetric science by very high authority. The facts as related above are true, and go to prove the utility of the electro-magnetic current in cases where the uterine action is deficient. And although the labor was not accomplished by its use, the action of the uterus during its application completely demonstrated its power.

Mrs. McL., aged twenty-two, a primipara, and under the average size, had been in labor for thirty-two hours when her medical attendant requested me to see her at 10 A. M., on the 7th of October, 1872. The pains had ceased for three or four hours, and various agents had been used to restore them, but they were useless. I found the head upon the brim, but not entered. I applied the current at the request of her medical attendant. In a few seconds the pains returned and uterine action commenced, and little by little the head came down. The current was used now and again for three-quarters of an hour, when the head got impacted in the brim; and although the uterus continued to contract vigorously, the head became immovable. The current was now abandoned. The patient was put under chloroform, and with great difficulty the forceps were adjusted on the head; but so disproportionately large was the head to the passages, that an hour elapsed before the head was born. The force required to extract it was very great indeed, and was accomplished only by the exhibition of great muscular exertion. My colleague, a powerful man, was unable to extract it. Without the exhibition of this force, craniotomy would have had to be performed. The child was a large one; and, notwithstanding the force used, no damage was

done to the head or to the passages, and the patient made a good recovery.

Although, in this case also, the labor was not accomplished by the application of the current, yet a sufficient manifestation was given of its utility in cases of inertia uteri.

Neither of these two patients complained of pain, but rather seemed to like the feeling. It appeared also that the uterus contracted violently, without causing so much pain as when it contracts without the current. Its use need not be feared, therefore, by the most tender of mothers.

On Syphilitic Insanity.

Mr. H. H. Newington says, in the *Journal of Mental Science*, January, 1874:—

Syphilitic insanity is a form that requires considerable definition, as I think will appear from the following considerations. Dr. Wille, as I gather from Dr. Addison's German Retrospect in the January number of the *Journal of Mental Science*, 1873, has been able to assign a syphilitic origin in 2.5 per cent. or 1-40th of his cases, and states that even then the average is underrated, from the difficulty of obtaining proper histories. I have turned over the tables of causes of insanity on admissions in the 1872 reports of 47 asylums (20 England, 9 Scotland, 2 Ireland, 14 America, 2 Colonial), and find six cases only noted, 1 in England, 1 Scotland, 3 America, 1 Colonial, being an average on total admissions of .1 per cent., or 1-900th. What is the cause of the discrepancy? It can't be that Germans are more prone to syphilis in its worst forms than we are. It must lie in the manner and degree in which the disease is recognized. Giving full weight to a possible over-eagerness on the part of the Germans, and to the fact that the statistics which give such a high percentage are drawn from the whole population of asylums, whereas ours are drawn from the admissions only, we must own that our recognition is very limited; in fact, the causation is almost always allowed only in such cases as the one I have just described. Take our text books, for instance. Such a recent one as that of Dr. Maudsley only deals with tangible intercranial disease as a cause. Still more recent, that of Dr. Blandford hints at nutrition changes produced by syphilis having a hand in causing insanity; but he also writes this: "Syphilitic insanity is usually spoken of as syphilitic dementia." I have been able to find in various works the following relations between syphilis and insanity: 1. Acute mental disease may occur coincident with or even preceding and following the eruptive stage. This is a rare form, and seemingly requires great brain vulnerability for its production. 2. As a companion to the tertiary stage may occur a condition that is found with other forms of meningitis, to be followed often by dementia. Dementia also occurs sometimes without any appreciable intervening changes; but then it would be impossible to say that syphilis unaided had been the cause. 3. We meet with cases caused not so much by a specific brain destruction as by the sequelæ of a syphiloma. This condition might be well described as syphilomatous insanity. The name would, at all events, tie one down to a precise diagnosis, and at the same time afford pathological information to a reader of statistical tables of insanity. 4. We again find syphilis existing in a relation to melancholia; not a specific one, but, on the other hand, one that requires careful investigation before it is admitted in any given instance. Of course we at once reject mere syphilophobia without any manifestation of the disease. But we admit the power of corporeal diseases, such as irregularities in the alimentary canal, to determine at least an attack of melancholia; indeed, our first anxiety is to find out some such trouble, and we often find that, by setting that to rights, we ameliorate the mental condition. Therefore, it is reasonable to include syphilis as an agent in producing this form of disease. Dr. Wille gives considerable prominence to melancholia as a special symptom of syphilitic insanity.

In conclusion, I venture to hope that you will consider it appropriate to describe the above case as one of "Syphilomatous Insanity;" and also to suggest that, instead of using the too comprehensive name of syphilitic insanity, the causation and form of mental disease should be combined—*e.g.*, syphilitic dementia, syphilitic melancholia, etc.

Ichthyosis of the Tongue.

In an article in the *British Medical Journal*, March, 1874, Mr. Morris laid it down as an axiom that the white, hard thickening of the mucous membrane, which others called ichthyosis, invariably ended in epithelioma. Soon after Mr. Morris' paper was published, in which there was a drawing of the microscopic appearances, the subject was brought before the Royal Medical and Chirurgical Society, by Mr. Fairlie Clarke, and a very instructive discussion resulted. Much objection was felt to the term ichthyosis, and others were proposed. The disease usually passes under the name of psoriasis, both in this country and abroad, and the same condition of the mucous membrane often extends to other parts of the mouth. Syphilitic cases simulate this, and should be carefully distinguished, as in them treatment is more effectual.

Mr. Morris does not think the disease arises in irritation, for the irritation arising from inveterate smoking counts for little, when we find that ichthyosis linguæ occurs in those who have never been great smokers, and when we remember that hundreds of smokers of short pipes, and short cigars, too, take in very hot smoke, but do not suffer from this disease. It unquestionably occurs in persons whose tongues have never been exposed to any excessive or unusual irritation, whether from smoking, tongue-scraping, glass-blowing, or otherwise. Mr. Morris says:—

"I do not know if Mr. Clarke has been able to prove that persons with ichthyosis linguæ have a strong inborn tendency to the development of warty growths; nor do I see how treatment directed to the digestive organs can benefit (as it seems to do ichthyosis linguæ) a condition due solely to irritation in a person with or without such a tendency. It is admitted that ichthyosis linguæ never gets well under treatment; but being of the character and kind it is, ought it not, if produced by irritation, to disappear soon after the removal of the irritation? Should we not expect the dogma of the schoolmen—'Sublatâ causâ, tollitur effectus'—often enough erroneous, to be, at least in this case, verified?"

As regards operative treatment, the wisdom of excising the affected tissues depends upon the degree and extent to which they are involved.

Some of the cases mentioned prove an association in the same person, and also in persons of the same family, of ichthyosis linguæ and ichthyosis of the skin. From this the name given, has been defended, but psoriasis is more commonly used, and other names have been proposed.

Relation of Skin Disease to Nervous Distribution.

The Madras correspondent of the London *Medical Times and Gazette*, April 11, 1874, gives the appended case:—

The patient was a gentleman in the private wards, twenty-five years of age, of pure European blood, and decidedly fair-haired and fair-skinned, of Anglian aspect, born in India, but resident in the hills, where he was engaged in coffee-planting. For the last five years he had been slowly becoming leprous. The first thing to attract attention on examining him was the slight but decided bird claw-like attitude of both hands, the extensor and flexor muscles of the forearm seeming each to be in a state of tension, so that the whole hand was drawn backward at the wrist by the extensors, whilst the fingers were bent down towards the palm, and could not be extended by the patient to the straight position. The median and ulnar nerves were enlarged and cordy, and branches could be felt down the flexor side of the forearm in a similar condition. There was entire loss of sensation in both forearms, from the elbows to the wrist, and in the corresponding part of the leg; and in the right hand, except in a spot on the flexor side of the wrist. The patient could not feel sufficiently to button his shirt; the backs of the anæsthetic fingers were "glassy," as was described by Paget as a character of paralyzed limbs. Some loss of sensation also in the tips of the ears, and over the spine of the right scapula; very slight, if any, loss of hair from the outer end of the eyebrows. The reason of his being in hospital was a very severe attack of acute eczema. Six years before he had had a discharge from the urethra, which he was told arose from a concealed chancre, and he had been since liable to cutaneous eruptions, which he was told were syphilitic. The eczema was judged to be syphilitic by the medical officers of the hospital. The points of interest are these two: First, the co-existence of a syphilitic taint with leprosy; and, secondly, the effect of the condition of the nerves on the distribution of the eczema; for this was limited accurately to those portions of the arms and legs which were anæsthetic, and was found nowhere else.

The Treatment of Lupus Erythematosus.

The London *Medical Record*, January 28th, 1874, says that Dr. T. Veiel gives a record of all the cases of lupus erythematosus which have been treated at the institution of his father and brother at Canstadt during the past seventeen years, with a good description of its natural history, and a detailed account of the various forms of treatment there employed against it. Up to the time of its publication, the best results were obtained by chloride of zinc in solution in an equal quantity of alcohol, used as follows:—A blistering plaster is first applied to the whole affected part. The epidermal covering, which forms a thick and opaque coat, is then removed, revealing the deep-red velvety papillæ, sharply defined by contrast with the firmer and paler healthy portions. The diseased parts are then painted with the solution. The pain is considerable. The yellowish-white varnish-like crust which forms is removed by poultices on the third or fourth day, and the cauterized parts are found covered with epidermis, offering in this respect a marked contrast to lupus vulgaris, which exhibits, under similar treatment, a surface of exuberant granulations, which cicatrizes much more slowly. Points which still remain open quickly heal under the use of the alcoholic solution of chloride of zinc, diluted one-third with water. Cauterization in this way is repeated until the cure is complete. Although the scars are larger than after spontaneous cicatrization, they are not in the majority of cases disfiguring.

In another article Dr. E. Veiel gives a detailed account of the later method employed at the Canstadt Skin Hospital, which is a combination of the chloride of zinc cauterization above described, and Volkmann's method of scarification. For this purpose, and to prevent the great loss of blood which often follows the use of the customary single lancet, 150 to 200 grammes generally flowing when the operation is prolonged for the necessary half-hour, in ordinary cases affecting the face, he has designed a set of blades placed side by side, and inserted in a common handle, by which six punctures are made simultaneously. The duration of the operation is reduced to five or ten minutes, and thus more immediate attention may be given to controlling, by pressure, the hemorrhage. On this account, too, the necessity for the use of anæsthetics during the operation is diminished; although, as the author says, the principal effect upon the patient is not produced by the scarification and cauteriza-

tion, but by the persistent pain, which often lasts eighteen or twenty-four hours, and then 'the danger which is a part of every administration of chloroform is out of all proportion to the amount of pain to be endured.'

Directly after the puncturing, the parts are cauterized with the alcoholic solution of chloride of zinc. Superficial suppuration follows, and crusts form, which fall off in from six to ten days, after which the puncturing and scarification are again performed. This is repeated until a smooth and uniform cicatrix is formed, which subsequently becomes white. Generally, five to eight times are sufficient for a perfect cure. Relapses, however, are not wanting, even with this treatment, manifesting themselves as red points in the cicatrix, which by confluence are converted into true lupus spots; but these are easily nipped in the bud by a repetition of the treatment.

Iodide of Potassium in Syphilis.

The London *Medical Times and Gazette*, February 7, contains the following remarks on this subject:—

During the period of syphilitic eruption it is questionable whether iodide of potassium is of the slightest value, whilst mercury undoubtedly exercises a most important influence on the evolution of the disease; but in this stage, which is commonly spoken of as the tertiary stage of syphilis, the value of iodide of potassium is just as unquestionable as is the value of mercury in the earlier phases of the malady. It is a very important question for us to settle—if settle it we can—What is the value of mercury in the after-stage of syphilis? Suppose we see a patient with well marked rupia, with periostitic pains, and other signs of tertiary syphilis, who, nevertheless, has not taken mercury, what should we do? The first thing to note is that such symptoms, though usually sequelæ, may occur in the active stage of syphilis; and as long as syphilis is active, mercury will be of use; but as soon as the active symptoms have passed away, and the so-called tertiary stage begins, we must abandon the attempt to cure by mercury—we must give iodide of potassium. It is not always easy to say where the one stage ends and the other begins, but, broadly speaking, tertiary syphilis, or the sequelæ of syphilis, may be laid down as beginning with the stage of gummy deposits; and wherever these exist, iodide of potassium, and not mercury, should be given.

There is one matter of great interest with regard to the giving of iodide of potassium in such cases. Under ordinary circumstances, if we give a patient a dose of fifteen grains three times a day, we should soon have him running at the nose and eyes, and with a rash all over his skin; but in the sequelæ of syphilis we may give twenty, thirty, or even sixty grains every four hours, and only benefit accrue. There is no rash, and no other symptoms of iodism. But iodide of potassium is not the only remedy to be given in such cases. Iron and quinine are always of service, as we might almost conclude *à priori* from the pallid and anæmic look of such patients; but cod-liver oil seems often of even greater value, as it is in chronic rheumatism. But, over and above these, sarsaparilla is of undoubted efficacy. Many people think little of its effects, and are inclined to sneer at its use. This most frequently arises from the mode in which it is given, for the decoction should be administered, not by the ounce, but by the pint; and so given its value is great.

It is, therefore, of the first importance to be able to recognize the stage in which a patient is at the time when seen. Whatever the nature of the symptoms of syphilis, if the disease is in process of evolution, mercury will do good; but if that be past, and only the sequelæ left, it will as certainly do harm. Then is the time for iodide of potassium and sarsaparilla.

Tincture of Iodine in Syphilis.

We learn from *The Doctor*, April, 1874, that Dr. Zeissl, of Vienna, speaks as follows of cases treated by iodine: "These and some similar cases convinced Professor Zeissl that expectant treatment was not suitable for the treatment of syphilides in hospital practice. He resolved to try iodine, and, as the iodide was very dear, he substituted the tincture of iodine, prescribing half a drachm to six ounces of water, and giving a tablespoonful (containing 2½ drops) night and morning. Most affections of the skin and mucous membranes, and changes in other textures consequent on syphilis, yielded to this treatment in from fourteen to forty-eight or fifty days. The pustular form offered most resistance, requiring mild doses of Zittmann's decoction. In severe iritis, also, mercurial frictions were employed, in combination with the use of iodine.

From the various trials made, the conclusions arrived at were that preparations of iodine, with a suitable regimen, will disperse the early manifestations of syphilis, or so abate them that a small number of mercurial frictions complete the cure, which, not being followed by relapse, must be regarded as definitive. An early mercurial treatment will remove the initial symptoms more rapidly than iodine; but the consecutive symptoms quickly yield to iodine. Affections of the mucous membrane and pharynx yield much more rapidly to iodine than to mercury, requiring at most, sometimes, slight cauterization. Syphilis is always found more obstinate in yielding in pregnant women, especially when it is contracted at the time of impregnation; and the consecutive symptoms are usually only completely cured after the uterus has discharged its contents. The iodine has, therefore, always to be continued after delivery, and, in some cases, has to be supplemented by a few frictions. It is remarkable that iodine acne and coryza are of infinitely less frequent occurrence under the use of the tincture of iodine than that of the iodide of potassium.

The Treatment of Non-Parasitic Sycosis.

Dr. Tilbury Fox says, in *The Lancet*, December 27, 1873:—

No disease, I take it, is more unsatisfactory to treat than the common inflammation of the hair follicles of the beard and whiskers, to which the term sycosis non-parasitica is applied. On the continent, especially in Germany, the practitioner is advised to adopt epilation, and to apply some simple astringent ointment; and there is a great disposition now-a-days to regard epilation as *the* remedy for the disease under notice. The reason for epilating is variously stated. Some affirm that the inflammation in sycosis is caused by a premature development of a new hair in the follicle, and that it is necessary to its cure to rid the follicle of the old hair. Others think that suppuration extends to the root of the hair, and that epilation relieves the tension of the parts and permits the exit of the pus. The first explanation will not bear examination. The second is true in part. In non-parasitic sycosis inflammation travels downward, and may reach the bottom of the follicle, the root of the hair being bathed in pus, whilst the hair is loosened from its surrounding connections, and lies, as it were, a dead piece of tissue in the follicle. In such cases epilation does but get rid of the loosened hair, and its extraction allows the escape of pus that would otherwise be pent up. But in many cases the inflammation does not proceed to the extent of causing suppuration in the deep part of the follicle, the hairs are not loosened in the follicles, and their extraction gives great pain, and can do no good. Epilation is, therefore, a fit procedure only at a certain stage of sycosis—if the skin is much inflamed, the follicles freely suppurating. and the hairs are thereby loosening or loosened in them.

The treatment which I have found most successful may be summed up as follows: In the early stage, when the follicles are very hyperæmic. saline aperients in persons of full habit; or aperient tonics, such as sulphate of magnesia with sulphate of iron, in those who are debilitated; together with hot fomentations, and simple, soothing applications which exclude the air, locally. When there is free suppuration, the same internal remedies, together with the removal, by epilation, of the loosened hairs from freely suppurating follicles, and the application of mild astringents, such as zinc lotions and ointment; and, lastly, in the sub-acute or chronic stage, where there is only a suppurating follicle here and there, but mostly a number of indurated tubercles, *i. e.*, follicles thickened by hyperplastic growth of the connective tissue, a course of Donovan's solution, together with, locally, hot fomentation and the application of a weak nitrate-of-mercury ointment (a drachm and a half to an ounce) night and morning. Of course, for persons of scrofulous constitutions, cod-liver oil and iron are to be given in combination with alterative remedies. I fully admit that the exhibition of Donovan's solution is in great part an empirical proceeding; but I prefer it to any other remedy, and have reason to speak with confidence as to its efficacy in sycosis when employed in the way and at the particular stage above indicated. Lastly, I may add that it is an easy matter to do harm in sycosis by the injudicious use of local irritants, which intensify the hyperæmia and the hyperplastic thickening; and I believe this to be the radical fault in the treatment of sycosis.

Reviews and Book Notices.

BOOK NOTICES.

Annuaire de Therapeutique, de Matiere Medicale, de Pharmacie, et D'Hygiene, pour 1874, par A. Bouchardat, Professeur d'hygiene à la Faculté de Medecine de Paris, etc. Paris, Librairie Germer Bailliere. Duodecimo, 304 pp. From John Penington & Son, Phila.

This little volume presents, in a very compact form, a complete resume of the works in therapeutics and hygiene published in 1873, and formulæ of new remedies. There is also appended a quite full treatise on hygiene of the army.

The author has given us all the novelties as well as useful matters on these subjects, which have appeared from time to time in the journals of France and elsewhere. Under the head of new remedies, he treats of *chloral*, of which he says it is incontestable that this new remedy may be useful, but it should be managed with caution, having regard to all the changes of the nervous system; *l'eserine*, the alkaloid of the calabar bean; *propylamin;* and *podophyllin.*

The author also gives certain hygienic precautions to diminish the dangers which accompany and follow lithotrity, and hygienic rules to be followed during the prevalence of epidemic cholera.

To all who read French, we commend this unpretending little volume as a fountain from which they can drink on many occasions, and find themselves refreshed.

Fetid Coryza, by Dr. J. Solis Cohen.

Our thanks are due to Dr. Cohen for this little brochure. He prefers this name to that of *ozæna.* After descanting upon the causes, etc., of this troublesome affection, he gives the treatment, which is, to remove the cause, if a foreign body, etc., and when a constitutional taint exists act accordingly. He treats the whole subject with his usual clearness and acumen. We gladly welcome these monographs from those who have shown themselves masters in their specialties.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUG. 8, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

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Our serial publications are the weekly MEDICAL AND SURGICAL REPORTER; the HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE, published each January and July, constituting a *supplement* to the REPORTER, not repeating any article contained in the latter, and giving a carefully condensed view of the progress of all branches of medical science throughout the world each six months; and the PHYSICIAN'S POCKET RECORD AND VISITING LIST, published annually.

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Dr. D. G. BRINTON has entire charge of both the business and editorial management of these publications. All communications should be forwarded to him, and all drafts, checks, post-office orders, etc., made payable to his order, at the following address:—

OFFICE OF
THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
PHILADELPHIA, PA.

PERCENTAGES FROM DRUGGISTS.

Some definite and positive action ought to be taken by the medical societies of this country to discountenance and discourage the custom of receiving percentages from druggists on prescriptions sent them. Such action "is not, and cannot come to good." It is a hardship to the druggist, because such percentages, in the nature of a commission on sales, do not enter into the legitimate estimates of the retail drug business. It is a temptation to the physician to prescribe more frequently than he otherwise would, and thus defraud the patient by forcing him to make unnecessary purchases. It is a base advantage to take of the man of limited means, for he not only has to buy needless medicines, but also to pay more for them than he otherwise would.

We have been told that medical societies will not take any steps in this matter, because, if not the majority, many very influential members practice this discreditable custom, and are bound to sustain it, or at least to shield it. Then let the Legislatures of the States enact laws forbidding it. This has been done in some parts of Europe, and severe penalties are incurred by those who violate these statutes.

The editor of the *Druggists' Circular* has some strong and just language on this subject. He says:—

"Druggists can only blame themselves, or some of their number, for the continuance of the abuse. A physician has a recognized right to recommend to his patients such an apothecary as inspires him with most confidence in treating important cases; but such collusion as you mention between doctor and druggist, for the sake of pecuniary gain, is downright corruption and disgrace, both in an equal degree. Such instances, unfortunately, are not uncommon; we have known physicians with a reputable name and some standing prescribe hundreds of pills of bread-crumb and quarts of syrup of sarsaparilla, where nothing was needed, in order to increase the amount of blackmail due them, at the expense of the patient."

This is villainous, and every physician who has any natural sense of rectitude will confess it.

We speak of what we know, when we say that this practice is very common in this city. It has been severely commented upon in the public papers; and yet it is both supported and continued by leading members of the profession.

A yet meaner device, very common here too, is to write for some preparation under a non-officinal, or, indeed, a merely fancy name, known only to the one druggist who pays the doctor a percentage, so that the patient, will he, nill he, must procure it where the doctor tells him.

A correspondent writes to the journal we have just quoted in these terms:—

"Is it professional to endeavor in this way to force my customers to have their prescriptions prepared by a person whom they mistrust? Is there no way to stop such quackery? I have no intention of buying any physician by giving him a percentage on his prescriptions; and I think it is unworthy of any druggist who has the least spark of self-respect to indulge in so disgraceful a practice."

A gentleman stepped into our office the other day, and asked what "tonic tincture" was. We confessed to our inability to give a specific reply to so generic a question. He then quoted a prescription given by one of the best known medical men of this city, in which this was one of the principal ingredients, who told him where to obtain it. There is no excuse for this avaricious and unfair procedure. It is nothing more nor less than quackery, as bad as that which the charlatans practice who recommend "Diotis" and "Aspelis," and add that they alone have the genuine articles of these rare and potent drugs!

Notes and Comments.

The Communicablity of Consumption.

One of the best tests of this would be in the marital relation. At the Clinical Society of London, Dr. Weber stated that he had the history of the results of twenty-nine marriages between women with more or less marked signs of consumption, who married healthy men, and of fifty-one marriages of tainted men who married healthy women. While only one of the husbands of the twenty-nine diseased wives became consumptive, eighteen of the fifty-one healthy women married to diseased husbands died from consumption. The eighteen women were the wives of nine husbands, one of whom lost four wives, one three, four two, and three one each. Dr. H. Weber gave an abstract of the histories of these nine husbands and eighteen wives, and then discussed the following points: 1 The communicability of consumption from husband to wife he did not regard as established, but as rendered probable; he could scarcely consider the results of his experience as merely accidental, although the risk of communication was probably not quite so great as it would appear from his cases. 2. The means of communication between husband and wife seemed to exist only rarely in the inhalation of the breath, though he did not regard this as impossible, but more frequently in the seminal fluid, either by direct absorption of the latter, or indirectly through the fœtus. 3. The suggestion made to him, that possibly the infecting husbands were tainted with syphilis, was not supported by the examination of the facts, either those relating to the husbands or those relating to the wives, including the *post-mortem* appearances. 4. The rapid course of the disease in the wives manifested more or less the character of galloping consumption, while the affections of the originally diseased husbands were in all cases chronic and quiescent, but well marked, and leading in all cases but one to a fatal termination, though long after the deaths of the wives.

New Proof of the Metallic Character of Hydrogen.

The Journal of the Franklin Institute says, MM. Troost and Hautefeuille have lately completed an important research relative to the compounds formed by hydrogen with certain metals, particularly potassium and sodium. They find that hydrogen unites definitely with both of these metals, forming compounds containing two atoms of the metal to one of hydrogen. Heated to 200° with hydrogen, potassium unites with it, producing a compound which is decomposed again at 900°. Sodium also unites with hydrogen at 200°, but the resulting compound is completely decomposed at 400°. Both these hydrides present all the characters of amalgams; they have a metallic lustre, and show the general

physical appearance of a metal. This fact furnishes an additional proof of the metallic character of hydrogen, these compounds being quite analogous to the palladium hydrides discovered by Graham. Potassium and sodium hydrides are true alloys, so far, at least, as their physical properties are concerned.

Cosmetic Surgery.

A few weeks ago we made a note on the value of benzine in removing pimples, comedones, etc. Ether may also be used for the same purpose. The pimples should be washed several times, till the sebum is dissolved, and subsequently a solution of alum employed as a toilet lotion.

The Druggist says, "For the benefit of young persons afflicted with freckles, it may be stated that powdered nitre, moistened with water, applied to the face night and morning, will soon remove all traces of them."

Dr. James Nicholls writes to the *Lancet*, strongly recommending the use of carbolic acid in removing nævi, moles, and other congenital discolorations of skin. He has tried it in several aggravated cases with most successful results.

For boils, Dr. Hall, in the Cincinnati *Lancet and Observer*, recommends the following:—

"℞. Tr. arnica flowers,	ʒj	
Tannic acid,	ʒss	
Gum acacia pulv.,	ʒss.	M.

It should be used as soon as prepared. The inflamed surface, and a little beyond all round, should be painted with the medicine every fifteen minutes, or as fast as it dries, till a good thick coating covers the part.

Physiological Therapeutics.

In a lecture at King's College Hospital, London, Dr. J. B. Yeo remarked, "Much valuable labor has recently been expended in the investigation of the physiological action of drugs by means of experiments on the lower animals, and much that is helpful and suggestive in our clinical work has been derived therefrom; but there has been growing up a tendency, which seems to me to need reproof, to regard such a mode of investigation as the only one which should be called 'scientific;' so that, while no 'scientific' reputation is awarded to the most patient and astute interrogation and observation of clinical facts, a process which may call forth all the highest qualities of the mind, a limited number of experiments on the lower animals is sufficient to procure a reputation as an original investigator. By this means, it is true, we may obtain much valuable information as to the physiological action of drugs; but the test of cautious clinical observation is in all cases the essential and corrective complement, as well as the final appeal from all such physiological investigations.

"We come, then, to this conclusion, that, although physiological investigation may be a most useful auxiliary, yet the only sound basis of therapeutic research is clinical observation. The clinical physician must not undervalue the work of the physiologist; the physiologist, when he works at therapeutics, must not think himself independent of the clinical physician. The future progress of therapeutics depends upon the union and co-ordination of the two methods."

This is sound sense.

The Germination of Seeds.

According to A. Vogel, camphor has a marked effect in stimulating the germination of seeds, both by shortening the period of germination and causing more seeds to sprout. Turpentine has a similar action.

Correspondence.

Buttermilk in Chronic Ulcers.

Ed. Med. and Surg. Reporter:—

One case alone, cured by any remedy whatever, proves little or nothing, but a case is sometimes worth reporting on its own merits, and from some point of interest in it, or its treatment, which is out of the ordinary way of management, and especially is this so if the means used are very simple.

The following case was one in which the ulcers had followed a long serious illness in a nervo-lymphatic woman, whose health had been materially broken down by frequent parturitions and various attacks of severe fevers or neuralgia, and was thin, anemic, and weak.

Mrs. M., æt. forty-one years, mother of nine children, last one born December 3d, 1873, after which birth she was the subject of mammary inflammation, metritis, and neuralgia, the latter extremely severe and obstinate. In January, 1874, from some cause not easily explained, she was the subject of numerous small furunculous abscesses on the body and extremities. Those on the body healed slowly, but without other trouble than ordinary dressing. But two on the arms and six on the legs became open discharging ulcers with little tendency to heal; in fact there did not seem to be vitality enough in

her tissues to produce healthy granulations. The purulent discharge was profuse and unhealthy. She was plied with all manner of general tonics and local applications, without other benefit than giving her general strength, the ulcers not only not healing, but actually growing larger and becoming more painful, thus greatly interfering with her sleep and causing great pain on walking about the house, for she was yet unable to leave her room at the last of May.

I now ordered the ulcers on the arms and legs to be kept bathed in buttermilk (fresh) all the time, and all other local treatment except simple cleanliness to be stopped, the general treatment being continued. In two days afterwards the surface for some distance around the ulcers became red and broken out with numerous small pimples, but the ulcers were healing. In two weeks the ulcers were entirely healed, and nothing left of them but dark red spots marking their former situations. Size of ulcers from a ten to fifty cent silver coin.

T. CURTIS SMITH, M. D.

Middleport, O.

Easily Administered Medicine.

ED. MED. AND SURG. REPORTER:—

As it is always a somewhat difficult matter to administer medicine to children, I deem a recipe of easy administration to children of some importance. The following I have been in the habit of prescribing for worms:—

℞. Calomel grs. iij.
Saccharum alb grs. vj.
Santonine q. s. to suit age of patient. M.

Triturate into a very fine powder. Fiat chart, six divide.

Sig. One powder to be taken dry on the tongue, morning and evening, until the desired effect is produced. I can often get the little patient to lick the powder off the paper with the tongue, and it dissolves in the mouth without any liquid save the saliva. After the first dose the little patient makes no resistance in taking the rest. Respectfully yours,

A. S. HARSHBERGER, M. D.

Milroy, July 25th, 1874.

Gossypium in Dysmenorrhœa.

ED. MED. AND SURG. REPORTER:—

I wish you to make a change in the prescription I sent for dysmenorrhœa. It should be thus:—

℞. Fld. ext. gossypium herb, ℥ij
Fld. ext. ergot,
Tr. hellebore nig., āā ℥j.

Fiat mistura. This makes a four-ounce mixture. Sig.—Teaspoonful every three hours. Please insert this, as it makes a great difference.

LOT ALEXANDER, M. D.

Pittsburgh, August 1st, 1874.

NEWS AND MISCELLANY.

To Correspondents.

T. D. C. The paper on Medical Credulity is too large for our columns. It is a sad comment upon the fearful ignorance of those holding the great title of M. D.

F. K. B. Thanks for your papers. They will appear in due time. A part of us is in Europe, hence you do not get a personal reply. Editing is very easy afar off.

S. E. S. Your paper on electro-therapeutics is not exactly suited to our columns.

C. G. P. Papers in hand.

J. S. B. Pleurisy received; also uterine tenaculum. A flood of matters has prevented an earlier notice.

American Medical Association.

The Committee of Publication having received discretionary power to dispose of surplus volumes, offer the following:—

Vol. 5, for 1852.		Vol. 14, for 1863.	
" 8, " 1855.		" 15, " 1864.	
" 9, " 1856.		" 16, " 1865.	
" 10, " 1857.		" 17, " 1866.	
" 11, " 1858.		" 22, " 1871.	
" 12, " 1859.		" 23, " 1872.	
" 13, " 1860.			

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Permanent Secretary, 1400 *Pine St., Phila.*

Centennial of Chemistry.

A number of the most prominent chemists from all sections of this country and Europe made arrangements for a convention at Northumberland, Pa., commencing July 31st, to celebrate the Centennial of chemistry, the discovery of oxygen by Priestley, whence has come much of value to that science.

Dr. Joseph Priestley, a grandson of the great chemist, still resides at Northumberland, and is an active member of the State Medical Society of Pennsylvania. We believe he is chairman of the Committee of Arrangements for this occasion. We hope in our next to give a brief resume of the doings of these gentlemen.

The Silber Light.

Mr. Silber has been so successful in London with his experiments in light, that he is now able to give a superior light from a smaller quantity of gas, and also prevent the great deterioration of the atmosphere of the rooms thus lighted. His plan is to regulate the amount and direction of air in lamps by certain contrivances. We hope he will soon give the people on this side an opportunity of inspecting his apparatus, and of being benefited thereby.

—The Northwestern *Medical and Surgical Journal* has disappeared.

Cholera Infantum.

This fell destroyer of the innocents is weekly carrying off our little ones by the tens, even hundreds, in our large cities. Hence, everything on the subject is valuable. Dr. John O'Reilly, of Louisville, in the *American Practitioner*, claims great benefit from the use of electricity. He uses the instrument of Gaiffe, of Paris. This is very portable. He applies the positive pole to the upper part of the sympathetic and pneumogastric nerves in the auriculo-maxillary fossa, and then Duchenne's wire-brush or negative pole to the region of the stomach, liver, and small intestines, until the skin is quite red. The operation occupies five minutes, and the effect is instantaneous and satisfactory. Vomiting is usually arrested by one application, and very little more medication is needed.

[The remedy is worth a trial. This reminds us of the plan suggested to us some years ago by a brother practitioner, of rubbing the spine and hypogastric region with a powerful liniment of turpentine and ammonia, producing a positive rubefacient effect, and, generally, with rapidly good results.—Ed.]

Purifying Water.

It is not generally known that pounded alum possesses the property of purifying water. A tablespoonful of pulverized alum sprinkled into a hogshead of water (the water stirred at the time) will, after the lapse of a few hours, by precipitating to the bottom the impure particles, so purify it that it will be found to possess all the freshness and clearness of the finest spring water. A pailfull containing four gallons may be purified by a single teaspoonful.

Personal.

—Dr. J. Bell Pettigrew, F. R. S., Edinburgh, whose book on the Circulation we noticed last issue, has obtained one of the three prizes annually offered by the French Academy of Sciences, Paris, for physiological investigations.

—Dr. J. J. Caldwell has removed to 71 N. Charles street, Baltimore.

—Dr. O. H. Allis has removed to 1338 Spruce street, Philadelphia.

Items.

—The Canadian Medical Association holds its annual meeting this week, we believe. Cannot some of our brethren send us some account of the meeting?

—The Medical Register of New York, New Jersey, and Connecticut, for 1874-'75, has just appeared. Edited by Dr. A. E. M. Purdy. As usual it is filled with much practical information, and we believe the hope of the editor, that it will prove of greater service to its patrons than any of its predecessors, will be realized. We regret that the editor did not insert the great and important changes adopted in the Plan of Organization of the American Medical Asssociation, at its recent session.

—Dr. Gaillard, though presenting to us a weekly journal, does not discontinue his excellent monthly.

—How soon shall we have the new edition of the registries of Boston, Chicago, and Philadelphia?

—Dr. James Sawyer, in the *British Medical Journal*, suggests gelseminum for toothache. He gives fifteen minims of the tincture every six hours, in an ounce of dill-water; generally, the third or fourth dose was successful.

(We think chloral to the cavity, and if necessary internally, would relieve quicker. Think of six hours of toothache waiting for the second dose! Ed.)

—Dr. S. C. Busey, 1517 Pennsylvania avenue, Washington, D. C., desires information with the view of collecting facts in regard to the "Relation of Menstruation During Lactation to Rickets," having agreed to submit a paper on this subject to the obstetrical section of the A. M. A., at its next meeting, to be held at Louisville, Ky. He will send a tabulated form to all who are willing to aid him.

QUERIES AND REPLIES.

An Aspirator costs from $16 to $20.

MARRIAGES.

Averdick—Ertel.—By Rev. J. R. Gabrial, assisted by the Revs. J. and Joseph Fleischman, of Brookville, Indiana, Dr. J. A. Averdick and Miss Clara J. Ertel, of Haymond, Indiana.

Cowell—McCulloch.—By Rev. T. D. Ewing, in Kittanning, Pa., June 24th, Mr. Winfield S. Cowell, of Mahoning, Pa., and Miss Ella, eldest daughter of Dr. T. C. McCulloch, of Kittanning, Pa.

Johnson—Goodwin.—In Chicago, June 23d, Fred Johnson, of Springfield, Vt., and Josie Goodwin, daughter of W. M. Goodwin, M. D., of Urbana, Ill.

Smith—Reynolds.—At Tyrone, Pa., on July 16th, by the Rev. S. M. Moore, J. M. Smith, M. D., and Rosabel Reynolds, daughter of George Reynolds.

Woodbury—Brydges.—On the 26th ult., at the Beth Eden Baptist Church, Philadelphia, by Rev. J. Wheaton Smith, D. D., Frank Woodbury, M. D., of Philadelphia, and Louie R. Brydges, only daughter of the late C. B. Brydges, Esq., of Louisiana.

DEATHS.

Jennings.—At Narragansett Pier, R. I., on the 7th inst., of inflammation of the brain, Dr. Thomas Read Jennings, only surviving child of the late Rev. Obadiah Jennings, D. D., and formerly Professor of Anatomy in the Medical College of Nashville, Tennessee, aged sixty-seven years.

Matlack.—In this city, on the 1st inst., Dr. Charles F. Matlack, in the 76th year of his age.

Plumer.—May 6th, 1874, in Trivoli, Peoria Co., Ill., Mrs. Temperance L., wife of Thomas R. Plumer, M. D., and daughter of Jacob and Mary Swickard, of Jefferson Co., Ohio.

Spencer.—On the 26th ult., at Santa Barbara, Cal., Dr. John E. Spencer, formerly of Moorestown, N. J.

Stewart.—At his late residence, in Armagh, Indiana County, Pa., May 27th, 1874, Dr. Wallace B. Stewart, in the 56th year of his age.

Wright.—On the 18th ult., Harvey Edwin, son of Dr. Albert and Kate B. Wright, aged 3 months and 3 weeks.